

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER King David Post Acute Nursing & Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 27100 Cedar Rd Beachwood, OH 44122	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44461</p> <p>Based on observation, interview, and record review the facility failed to ensure proper infection control measures were maintained throughout a wound care dressing change to promote healing of the wound. This affected one resident (Resident #296) out of eight residents reviewed for wound care. The facility census was 306.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #296 revealed an admitted [DATE] with diagnoses including congestive heart failure, atrial fibrillation, hypertension, acute kidney failure, prostate cancer, and pneumonia.</p> <p>Review of Resident #296's five-day Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had intact cognition and required substantial assistance by two staff members for bed mobility toileting, and transfers.</p> <p>Review of Resident #296's physician's orders dated for March 2024 revealed orders to cleanse abrasion to right buttock with normal saline, pat dry and cover with foam dressing daily and as needed.</p> <p>Review of Resident #296's Treatment Administration Record (TAR) dated March 2024 revealed treatment was completed per physician orders for the abrasion to the right buttock.</p> <p>Observation made on 03/28/24 at 10:01 A.M. of wound care for Resident #296 by LPN #775 revealed LPN #775 gathered all supplies and placed them down on the resident's bed without placing a protective barrier first. LPN #775 then performed hand hygiene, applied clean gloves, positioned the resident on his side, removed brief, performed hand hygiene again, applied a new set of clean gloves, removed the old dressing dated 03/27/24, placed the dressing on top of unused gloves laying on the bed then proceeded to clean the wound with gauze pads which made direct contact with the resident's bed. LPN #775 did not perform hand hygiene after removing the old dressing and used the same gloves to cleanse the wound and those same gloves had touched the dirty dressing. Prior to the new dressing being applied he performed hand hygiene, new gloves, and applied new dressing.</p> <p>Interview on 03/28/24 at 10:09 A.M. with Resident #296 revealed the nursing staff completed wound care as ordered by the physician and he had no concerns with the frequency of dressing changes.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview on 03/28/24 at 10:30 A.M. with LPN #775, the Director of Nursing and the Administrator revealed LPN #775 stated he did not understand where he went wrong with the wound care provided for Resident #296. LPN #775 stated he felt he did everything right. When the surveyor explained his errors in proper infection control during the dressing change such as placing materials directly on the resident's bed instead of placing a protective barrier and not performing hand hygiene or changing his gloves after removing the old dressing and before cleansing the wound, LPN #775 became upset and was instructed by the Director of Nursing (DON) and Administrator to leave and to go to the DON's office and write a statement of what happened for the DON and the Administrator.</p> <p>Review of facility policy titled Wound Care, last revised in October 2010, revealed under section titled Steps in the Procedure number one: staff was to use a disposable cloth (paper towel is adequate) to establish clean field on resident's overbed table. Place all items to be used during the procedure on the clean field. Arrange the supplies so they can be easily reached. Instructions in step four: put on exam gloves, loosen tape, and remove dressing. Step five: pull glove over old dressing and discard in appropriate receptacle. Wash and dry hands thoroughly. Step six: put on new gloves and proceed with cleansing the wound and applying new dressing.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00151950.</p>		